



**MINUTES OF THE STRATEGIC PERFORMANCE & FINANCE
COMMITTEE HELD AT 9.30AM ON
THURSDAY 19 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT: Mr P Corrigan Committee Chair
Mr J Dennison Non-Executive Director
Mr P Quinn Non-Executive Director

IN

ATTENDANCE: Ms L Donnelly Interim Director of Finance
Mr N Sinclair Interim Director of Operations
Ms S Beggs Manager of Chair and Chief
Executive Office
Mr N Walker Head of Performance, Planning
and Corporate Services
Mr M Smyth Interim Assistant Director of
Finance

APOLOGIES: Mr S Mullen Interim Director of Planning,
Performance and Corporate
Services

1 Apologies & Opening Remarks

The Chair welcomed members to the meeting.

Apologies from Mr Seamus Mullen, Mr Neil Walker attended in his absence.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.

No declarations of conflict of interest were made.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes – 10/04/25

The minutes of the previous meeting held on 10 April 2025 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Quinn.

The Committee confirmed that Ms Byrne didn't attend the last meeting and Ms Beggs agreed to update the minutes to reflect this.

4 Matters Arising

The Committee **NOTED** the updates to the matters arising contained in the papers.

5 Performance Report (up to end of April)

Mr Walker said that the format has changed since the last meeting to reflect the feedback from Committee members. It includes an Executive Summary to highlight significant matters for the Committee's attention with full details contained in the report if members wish to refer to it.

Mr Walker highlighted that Category 2 response performance was significantly challenged at 54 minutes for April and were lengthier again in May. Hospital handover performance is not improving. However, the Department of Health has engaged with other HSC Trusts to work towards a two-hour handover backstop.

Mr Walker advised that the automated C1 despatch system is being trialled which could save seconds by automatically allocating the closest NIAS resource.

Mr Walker referred to the corporate scorecard on slide five which are the system oversight measures set by SPPG for the year ahead, and he drew members attention to targets that SPPG are

expecting. Mr Corrigan queried what data SPPG have used to determine the figures.

Mr Corrigan highlighted concern that the 2-hour backstop would become the extant performance measure, and there may not be any further drive to improve timeliness of hospital handover. He added that the system oversight measures for other trusts should include hospital handover performance, and reflect the impact they are having across HSC.

Mr Corrigan referred to the Executive Summary and highlighted that the Committee recognised they didn't want to create different reports for different forums and that this same report should go to Trust Board, with the Committee doing a deep dive into specific areas. Mr Quinn said that the format of the report is helpful, and the supporting information is also helpful to cross reference if required.

Mr Corrigan added that the Committee welcomes the Executive Summary and the key issues pulled out and highlighted but it is also useful for them to have the ability to go to the relevant chart if they need more detail.

Mr Quinn referred to the Committee Forward Workplan which includes the areas to be discussed going forward, he said any areas of improvement can be discussed further at the NED's workshop.

Mr Quinn concluded by suggesting they get Trust Board's view next week on the revised Performance Report.

6 Cat 1 and Cat 2 Performance

Mr Walker introduced the paper which examines the performance and operational processes of the Trust's Category 1 and 2 call response system. It provides an analysis of the volume of calls received, evaluates performance across key components of the response process, and highlights areas requiring improvement.

Mr Walker explained the ARP (Ambulance Response Programme) which was introduced into the Emergency Operations Control Room in 2019, how incoming calls are coded and when timepoints are triggered for the clock starting and stopping in relation to a call.

Mr Sinclair advised that NIAS response times have always been an outlier, which has been exacerbated by the lack of focused improvement in relation to the targets.

Mr Walker pointed out that duplicate calls still need answered within 30 seconds and the complex case team continue to try and manage these to assist. Mr Sinclair added that 90% of calls are frequent callers and they have doubled the complex case team to try and improve this and support these patients to signpost them appropriately.

Mr Corrigan agreed that NIAS are an outlier on activation and mobilisation and welcomes the team trying to understand the elements that are within NIAS' control. Mr Sinclair agreed there are multiple factors and the team need to ensure the baseline processes are efficient as possible - mobilisation is something NIAS should be tackling on a daily basis.

Mr Sinclair highlighted that NIAS is assessed annually regarding compliance with dispatch protocols.

The Committee **NOTED** the report and of the continued value of undertaking a deep dive on certain issues.

7 2024-25 Finance Update

Mr Corrigan asked Ms Donnelly to give a verbal update on the close out of the last financial year.

Ms Donnelly advised the Committee that work is ongoing to finalise the accounts at present but the main points are that income from SPPG was £124m, other income was £1.8m and the Trust is reporting a surplus of £28k (within the limit of 0.25 of 1% of income). Capital expenditure of £8.7m was also incurred and this was predominantly spent on refreshing the Trust's fleet. There was a capital surplus of £1k (maintaining expenditure within the limit set by the DoH).

The accounts will be presented to GARAC on Tuesday and then to Trust Board on Thursday. Once finalised and approved the accounts will be submitted to the DOH.

Mr Corrigan sought clarity on whether there was anything significant identified by external audit. Ms Donnelly said she expects some findings and recommendations regarding DACS but there were no significant concerns raised. Ms Donnelly agreed to advise the Committee if anything significant arises.

8 Business Case Update

Ms Donnelly presented the current Business Case Guidance and Procedure, the current Business Cases Register and the current business cases in progress. She said there are currently 14 live business cases on the register.

Mr Corrigan explained that he is not clear as to process for Board/Committee oversight of business cases and that this needs to be finalised to ensure appropriate governance.

At GARAC they discussed a proposal about delegated authority and Ms Donnelly suggested it would be beneficial for the team to consider and understand this further to ensure they are utilising the Committees time effectively. Mr Corrigan added that the Committee need to sign off and agree the limits and that the DoH guidance is applicable across all of the HSC Trusts. Ms Donnelly agreed to review and consider this within the proposal.

Mr Corrigan referred to the business case register and that they remain on the register until the PPE is completed, which typically happens at 12 months following delivery of the business case outcomes. Ms Donnelly advised that PPE completion would be monitored via the Directorate Accountability meeting structure that has been established.

Mr Quinn reflected on a conversation at the Safety Committee regarding the emergency planning business case and that there was an understanding there would be an allocation for HART to support movement towards the extant service specification standard applied to other ambulance services in the UK. Mr Sinclair advised the Committee that Mr Bloomfield wrote to the DoH and liaised with SPPG to secure interim funding however SPPG have stated if HART capacity is a priority, NIAS would need to allocate funding internally via slippage or reprofiling. In the meantime, there is a business case for ongoing development in process.

Mr Quinn advised that Mr Ashford plans to raise concern at Trust Board regarding this matter and if NIAS are expected to find allocation from existing resources that the Board may need to escalate.

Mr Quinn continued that Mr Ashford's understanding at Safety Committee was that NIAS would be receiving £600k to provide additional capacity and is concerned that this has not materialised.

Ms Donnelly reiterated that following a conversation with SPPG NIAS will not be receiving an allocation to bolster HART capacity this year. However, there is a plan to identify natural slippage or opportunities for re-allocation of funding towards HART. However, cannot sustain this recurrently, and the DoH need to be informed that there is a long-term commissioning need. Mr Quinn thanked Ms Donnelly and Mr Sinclair for the explanation but would like to see that decision challenged and a formalised response to the DoH to escalate the matter. Mr Sinclair confirmed that NIAS are raising it at the upcoming Ground Clearing Meeting with the DoH.

Mr Dennison queried the importance of timing for this particular item and the work ongoing on the fleet business case which needs approved to spend from 1 April 2026. Ms Donnelly agreed to find out if it needs to be approved before the next SPF Committee.

ACTION: Ms Donnelly

9 Draft Opening Budget Allocation

Ms Donnelly presented the overview of the opening Indicative Allocations 2025-26 for both Revenue Resource Limit and Capital Resource Limit. In February 2025, a draft Financial Plan was developed based on indicative budgetary envelope of £122.5m for the 2025-26 financial year, as provided by the Acting Director of Finance in Strategic Planning and Performance Group (SPPG). On 5 February 2025, the NIAS Chief Executive provided a copy of NIAS' officer draft 2025-26 Financial Plan to the Permanent Secretary of the Department of Health. This draft 2025-26 Financial Plan was based on indicative budgetary envelope of £122.5m for the 2025-26 financial year, as provided by the Acting Director of Finance in Strategic Planning and Performance Group (SPPG). The Committee noted the breakdown of this allocations within the paper.

This draft plan outlined the deployment of the indicative budgetary envelope of £122.5m and the response to the requirement to breakeven in the financial year 2025-26.

On 23 May 2025, SPPG provided an updated indicative allocation of £128.099m. The main changes included:

- An additional allocation of £5.222m relating to the 2024-25 pay award;
- An additional allocation of £0.508m relating to non-pay inflation; and
- A reduction of £0.140m of PPE funding.

This updated indicative allocation remains in effect a 'roll forward' of the funding provided in the 2024-25 financial year.

SPPG is not yet in receipt of a final allocation letter and to avoid further delays in the financial planning and budget management process, it has been agreed with SPPG that NIAS will proceed to develop a financial plan and set budgets based on this updated indicative allocation. This plan will be updated upon receipt of the final allocation from SPPG.

Opening Allocation

In addition to the £128.099m indicative allocation from SPPG, the opening budget allocation factors in £4.975m of anticipated additional income. This mainly relates to assumed funding allocations from the SPPG and DOH and recharges to other HSC Trusts.

This additional assumed income increases the indicative opening budget allocation to £133.074m.

NIAS has a high level of certainty that all of the assumed funding listed will be realised apart from the £1.261m required to support the prospective pressures regarding the holiday pay. If this funding is not available to Trusts, SPPG will expect Trusts including NIAS to deliver additional savings to cover the increased costs. SPPG has agreed that NIAS can assume that this funding will be provided pending a final decision.

Savings

During the last two financial years SPPG has recurrently reduced NIAS allocation by £2.475m (£1.975m in 2023-24 and a further £0.5m 2024-25) expecting NIAS to deliver this amount as efficiency without materially impacting service delivery.

Furthermore, SPPG has only been able to indicate to Trusts that one third of the increased employer national insurance contribution cost pressure can be supported at this time. SPPG expect Trusts to cover this cost pressure with additional savings. This will increase NIAS savings requirement to £3.675m in 2025-26 and is factored into 2025-26 budgets.

Due to the extreme pressure that NIAS has been under, predominantly due to the delays at HSC Trust Emergency Departments, NIAS to date has been unable to convert the recurrent saving requirement into a recurrent plan. Subsequently, NIAS has delivered this saving through non-recurrent contingency measures. NIAS will continue to adopt this approach for 2025-26 and until the handover times at Emergency Departments return to acceptable levels.

The delivery of savings of this magnitude will continue to be a challenge for NIAS and will require specific action and monitoring during the year. A number of schemes have yet to be identified to deliver the full savings required in 2025-26.

Mr Corrigan said he is aware NIAS have a bigger target and therefore more structure is required for a savings plan to identify where needs to be monitored. Ms Donnelly agreed and highlighted that there will be clarity for budget holders to identify the opportunities after one or two months and identify the savings for each Directorate as well as being mindful of their expenditure planning.

The Committee queried if the sale of end-of-life vehicles can go into the resource budget and Ms Donnelly confirmed it can if it is profit to provide increased spending power.

Mr Corrigan said this is part of the SPF committee remit and would like to see a more developed savings plan and performance against that, as he is aware as the months go by there is less opportunity. Ms Donnelly confirmed that the budget will have to be flexed as the year progresses which is normal practice.

Workforce Plan

The indicative allocation of £128.099m from SPPG includes funding of £13.0m for 2025-26 for the NIAS Workforce to support NIAS in continuing to deliver its transformation strategy. NIAS continues to work closely with SPPG on these projects. Drafts of business cases for all initiatives have been shared with SPPG and NIAS continue to engage with SPPG regarding the content.

NIAS has experienced slower than expected implementation of these initiatives mainly due to recruitment timelines. This has, and will continue to, necessitate a higher than anticipated expenditure on overtime and the use of the Independent Ambulance Service (IAS) to offset the vacant roles. However, this will steadily reduce during the year as the implementation and associated recruitment progresses.

Having considered the current retirement and attrition rates at NIAS, the paramedic workforce supply in Northern Ireland and the headcount required to deliver the new Service Delivery Model in line with the Strategic Plan, NIAS will require additional paramedics.

It is anticipated that this may not be fully achieved until the next cohort of newly qualified paramedics join NIAS halfway through the 2025-26 financial year. This is reflected in the updated plan. NIAS will continue to incur additional overtime and IAS until the funded establishment staff numbers are fully embedded. However, given the planned increase in capacity in 2025-26 it is expected that payroll costs will increase and the levels of overtime and IAS will reduce. This has been factored into the budget setting process and reflected in the budgets presented. The revised IAS and overtime budgets for 2025-26 are highlighted in the paper.

Mr Corrigan queried the future anticipated role and usage of independent sector resources by NIAS. Mr Sinclair advised that the long-term strategic model may see a reduction in use of independent sector services, with a transition of this activity being managed in house.

Hazardous Area Response Team (HART)

NIAS' draft 2025-26 Financial Plan that was submitted to SPPG and the DoH in February 2025 recommended that a small amount of recurrent additional funding of circa £0.600m was earmarked by

SPPG for NIAS in the 2025-26 financial year to bolster HART in the short-term pending the completion of the business case. SPPG has since confirmed that there are no funds available. As such this pressure remains unfunded. NIAS SMT are considering options in the short term to take this pressure forward in the absence of funding from SPPG pending the completion of a business case for DoH to consider.

Proposed Allocations

The proposed opening Revenue Resource allocations for each Directorate have been agreed.

The Trust continues to face significant pressures that will need to be managed in-year. In order to achieve a breakeven position, the opening allocations take account of numerous measures to contain expenditure on third party providers and overtime.

Whilst the proposed opening budget allocation factors in £4.975m of anticipated additional income and is based on several assumptions - there is no certainty as to whether or not further funding will be allocated during the 2025-26 financial year. Consequently, the opening budget allocations may have to be flexed and difficult decisions may have to be taken as the year progresses to ensure that the Trust delivers its services within this allocation.

Given the uncertainties at this stage of the financial year, £0.496m has been retained by Finance Directorate as a contingency. This funding is therefore available for consideration to potentially fund in year pressures.

2025-26 Capital Resource Allocation

On 30 May 2025, the Department of Health advised that the approved Capital Resource Allocation (CRL) allocation for NIAS for 2025-26 is £5.885m (2024-25 £5.883m). The breakdown of this allocation is provided in paper.

Proposed Allocations

Work is ongoing to understand the Trust's capital funding requirements for 2025-26. The evidence collated to date suggests that the approved CRL allocation for 2025-26 of £5.885m is insufficient and this may have knock-on consequences for service delivery. Upon collation of robust evidence, the Finance Directorate

will liaise with the DoH to discuss the capital funding pressures facing the Trust.

Governance Arrangements

Given the prevailing financial climate, it is essential that the Trust ensures that strong financial controls are in place throughout the organisation. Governance and accountability arrangements will continue unchanged and NIAS Finance will continue to provide up to date Finance Reports to SMT (monthly), SPF (at each meeting), Trust Board (at each meeting), and SPPG/DoH (monthly) in line with existing protocols.

Mr Corrigan commended Ms Donnelly and the team on the excellent reporting in terms of the transparency and upfront information for allocation, spending and planning which puts NIAS in a good position.

Mr Quinn agreed and added that the information is very clear - he queried if the allocations were planned and projected before the chancellor's latest budget statement and if there is an additional allocation to NI and can NIAS get a sense of that additional allocation that may impact in terms of these figures.

Ms Donnelly said that at this stage NIAS can only plan based on the information received from from SPPG/DoH. NIAS continues to meet regularly with them. Any additional allocations that may become available throughout the year, through whatever process, would be factored in accordingly. She acknowledged the concerns are valid and would be helpful to highlight that pressure recurrently on a long-term basis, particularly for HART, with significant risks and should therefore be prioritised.

Mr Corrigan enquired if the proposed allocations by directorate are built within the organisational structure and if Ops and Clinical directorates are separate - Mr Sinclair and Ms Donnelly confirmed they are separate at present in terms of budget allocation.

The Committee **APPROVED** the Draft Opening Budget Allocation to be tabled at Trust Board next week.

10 Focus on Strategic Plan Development

Mr Quinn provided the Committee with a verbal update and advised that the Steering Group has met on a couple of occasions. There are some issues getting a Project Manager on board and identifying who else should be on the Committee. However, there was full attendance at yesterday's meeting.

The Steering Group received a presentation outlining the findings of initial benchmarking against other ambulance service strategies, and further work is required on this.

The Committee recognise it is important to focus on stakeholder engagement, particularly internally with staff to develop the strategic plan and ensure alignment with staff, aims, objectives and the Trust's values. Mr Neil Gillan is leading on this and has got a good sense of plan.

AI and digital intelligence will play a big part of the strategy. The Group meet monthly which is challenging in the current climate with operational pressures. Mr Quinn has asked Mr Sinclair to ensure support from operations is fed into the Group.

From an assurance perspective, the group is up and running and Mr Charlie Thompson has been appointed as the new AD within this remit.

Mr Corrigan referred to it being a 10-year strategy and if there will be a particular focus on three or five years. Mr Quinn confirmed that it will be rolled out on a staged process.

Mr Corrigan asked in terms of benchmarking and stakeholder engagement if the DoH and Interim permanent secretary have a strategy and vision that NIAS can align to. Mr Quinn confirmed that this will be taken into account as well as taking a public health approach and the PHA are providing someone to assist in providing public health expertise. He continued to say that work has already been done and will be enhanced further to consider what role the Ambulance Service will have in the health sector in the future.

Mr Corrigan asked how the Steering Group will interact alongside this Committee as this will be part of the Committee's remit to have oversight of strategy development, but also appreciated they don't want to replicate on what the steering group is doing.

Mr Quinn confirmed the Steering Group will brief the Committee at critical stages to ensure the Committee is able to provide assurance to Trust Board.

11 SPF Forward Work Plan

The Committee **NOTED** the current forward work plan and that there is a focus on the service delivery model.

The Committee agreed that service delivery would be a good area to do a deep dive into and Mr Walker agreed to consider.

ACTION: Mr Walker/Mr Mullen

Mr Corrigan referred to implementation of Internal Audit recommendations, and there was a discussion about whether respective Committees should have specific oversight of Internal Audit recommendations within their remit.

The Committee noted a comment from IA regarding BCP not being as robust as it should be, which should be addressed at this Committee. Mr Quinn and Mr Corrigan discussed the potential Committees for considering Cyber security and suggested it sits within the GARAC Committee. Mr Corrigan agreed to discuss with Dr Graham to confirm this.

ACTION: Mr Corrigan

Mr Corrigan suggested that a more focused discussion is required in relation to independent ambulance spend and Ms Donnelly suggested that this could be provided at the September meeting if helpful and time permitting. She suggested they could consider the overtime expenditure and independent spend as both are linked to slippage and payroll, which is already in the forward work plan.

The Committee agreed it would be useful for them to understand the NIAS approach to fleet and estates which is under Mr Mullen's remit. Mr Mullen is currently linking with colleagues to produce a paper to stabilise staff gaps in the estates team. Mr Quinn agreed it would be useful to have an idea of the estate challenges within the Trust.

12 Any other business

There was no other business.

13 Next meeting:

18 September 2025 at 09.30am

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11:40AM

SIGNED:



DATE:

18-9-25